

RCRA COMPLIANCE AND ENFORCEMENT BRANCH ENFORCEMENT CASE RECOMMENDATION WORKSHEET¹

EPA ID NUMBER: PA ID #05 - 02286	FACILITY NAME: BURNT CABINS MAINTENANCE
CASE REVIEW OFFICER: GREG KOLTONE	
	BY THE EPA-FORT MEADE, MD OFFICE, IS TIVE. THE SUBJECT FACILITY IS LOCATED NTY). INSPECTION PATE: 3/15/00.
DISPOSITION RECOMMENDATION: JUD REF	APO AO NOV 3013 7003 CLOSE OTHER:
JUSTIFICATION FOR RECOMMENDATION: THE FACILITY IS	IN COMPLIANCE
CONCUR	RRENCE SECTION
CASE REVIEW OFFICER Starter	DATE: 4/15/00
UNIT COORDINATOR CAME	DATE: (4/15/00)
ENFORCEMENT COORDINATOR	DATE: 6/15/07)

. . . .

¹This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

Rec'd 3-31-00

Leak Detection Inspection

Pennsylvania Tumpike Commission Owner Name (Corporation, Individual, Public Agency or other P. O. Box 67676 Street Address Harrisburg Pa 17106- City State Zip C 717 939 9551 Ext. 3731 Area Code Phone Number Deann S. Metro Donald L. Bohm Ext. 3660 Contact Person At UST Location Does The Facility Have a Fi (PROVIDE COMMENTS AS TO CO	7676 Code	Street / Shad City (ne	Ster Route 3 - Box 5. Address or State Road a Gap parest) ode Phone Number r of Tanks at This Loca Mechanism? Yes	te Identifier, <u>if different</u> 22 MP 186.03 , as applicable Pa State ation: 3	
	*				
Tank presently in use (V)	Tank 0	04	Tank 005	Tank 006	Tank 4
If not, date last used					
If emptied, verify 1" or less of product in tank					
Month and Year Tank Installed	12-01-	91	12-01-91	12-01-91	
Material of Construction (Tank / Pipe)	FRP/F	RP	FRP/FRP	FRP/Copper/FRP	
Capacity of Tank (in gallons)	6,00	0	6,000	1,000	
Substance Stored	Gasoli	ne	Diesel	Kerosene	
MA DECEMBER 18 18 18 18 18 18 18 18 18 18 18 18 18		*** *** 2.32**		1 1 6 4 46 655 61	
Manual Tank Gauging (tanks under 1,000 gal.)					
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)					
Tank Tightness Testing and Inventory Control					
Automatic Tank Gauging					
Vapor, Groundwater or Interstitial Monitoring			~	~	
Other approved method					
IV.E. A.C.					
Check Pressurized (P) or Suction (S) Piping for each tank	Р		Р	s	
Automatic Line Leak Detectors, and check one					
Vapor or Groundwater Monitoring					
Secondary Containment with Monitoring	-		V		
Line Tightness Testing					
I Gerard R. Donovan, Jr. certify that I have ins (print name)	spected the	above n	amed facility on	month/day	r/year 3/15/00

S Leak Detect	ion for F	Piping		
				1
ACCES CONTRACTOR OF THE STATE O				
Set 1 -	Tank 004	Tank 005	Tank 006	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device	~	V		
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	V .	~		
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)		CONTROL OF THE PROPERTY OF THE		
			The state of the s	
Line Tightness Testing (required every 3 years)			12-01-91	
Secondary Containment with Interstitial Monitoring			V	
Ground-Water or Vapor Monitoring	· · · · · · · · · · · · · · · · · · ·			
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure				
Has only one check valve, which is located directly under pump	,			<u> </u>
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable			ne year	
On the bad in the wells and the				ind location o
Comments:				
. 1,000 Gallon Tank for turn	nine generator			
2				
- 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10	/ N /	_ 	Data: 00/4	5/00
Inspector's Signature:	CLAW		Date: 03/1	3/00

ι .

1	
	3
	S.

Inventory Control and Tank Tightness Testing

Method of tank tightness testing:				
Address of tank tightness tester:				
		Andrew Marine	en er en	
Plant (Aug.)			Military of the confidence of the	e e e e e e e e e e e e e e e e e e e
	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?		Section 1 Sectio	Section of the sectio	
Owner/operator can explain inventory control methods and fig	ures used and rec	orded.	Yes	No
Records include monthly water monitoring.			Yes	No
Tank inventory reconciled before and after fuel delivery.			Yes	No
Books are reconciled monthly.			Yes	No
Appropriate calibration chart is used for calculating volume.			Yes	No
Dispenser pumps are calibrated to within 6 cubic inches per fi	ve gallons.		Yes	No
The drop tube in the fill pipe extends to within one foot of tar	k bottom.		Yes	No
Owner can demonstrate consistency in dipsticking techniques	•		Yes	No
The dipstick is long enough to reach the bottom of the tank.			Yes	No
The ends of the gauge stick are flat and not worn down.			Yes	No
The dipstick is marked legibly & the product level can be dete	rmined to the near	rest 1/8th inch.	Yes	No
The tank has been tested within the year & has passed the tig	htness test (if ne	cessary).	Yes	No
A third-party certification of the tank tightness test method is	available.		Yes	No
Tank tester complied with all certification requirements.			Yes	No
Monitoring and testing are maintained and available for the pa	st 12 months.		Yes	No
Comments:				
NOT USED				
Inspector's Signature:			Date: 03/15/	00

					Facility ID Number 05-02286					
181	Vapor Monitoring									
Name of monitoring devic	e: NOT USED			-						
	Number of monitoring wells									
			_							
	eil(s) from tank(s) (1) (2)	(3)		(4)						
Site assessment was cond		·								
Location of site assessme										
70W										
		Tank 1	Tank 2	Tank 3	Tank 4					
Well is clearly marked and	I secured.									
Well caps are tight.										
Well is constructed so that moisture or other interference.	at monitoring device is not rendered inoperative by ences.									
Well is free of debris or ha	as other indications that it has been recently checked.		4.61							
		6.41.445.7	9: Sit 18 2 2 Leader Seed of March 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1					
UST excavation zone was	assessed prior to vapor monitoring system installation.	Yes	No							
One or more USTs is/are i	ncluded in system.	Yes	No							
	THE WALL STORY OF THE PROPERTY OF THE PARTY									
Power box is accessible a	nd power light is on.	Yes	No							
Documentation of monthl	y readings is available for last 12 months.	Yes	No							
Equipment used to take re	eadings is accessible and functional.	Yes	No	r nga ser (pa ulités de l'ober	e i diseel rigg					
Vapor monitoring equipme	ent has been calibrated within the last year.	Yes	l No	a Sandrija (il)						
	enter the second se	and the second second		Ingle of manifestors are possible						
	y readings is available for last 12 months.	Yes	No							
	eadings is accessible and functional.	Yes	No							
	ent has been calibrated within the last year.	Yes	No							
Porous material was used		Yes	No							
Wells are placed within th		Yes	No No							
Level of background cont If so what is level?	amination is known.	· Yes	No							
On the vac so	of the first to dented a partition is a first of the contract			stored) and	ocation of					
Comments:										
Innesteria Cianatura			D	ate: 03/15/00)					
Inspector's Signature:										

P E N

Ν

TURNPIKE

Kerosene

0FFICE & GENERATOR

DISPENSERS

6,000 TANKS

Date: 03/15/00



Inspector's Signature:

Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate	the number of the t	ank or tanks for	which manual ta	nk gauging is used	d as the main leak o	detection method (e.g.,
tanks 1 & 4):						

				President A
	level measurements are take Circle one] 36, 44, 58) hours I from the tank.		Yes	No
Level measurements at both beginning ar	are based on average of two	o consecutive stick readings	Yes	No
		and end measurements is less ze and dimensions of tank and	Yes	No
Gauge stick is long of are flat and not wor		ne tank. Ends of gauge stick	Yes	No
Gauge stick is marke nearest one-eighth o	ed legibly and product level c	an be determined to the	Yes	No
MTG is used as sole	method of leak detection fo	r tank.	Yes	No
MTG is used in conj	unction with tank tightness t	esting.	Yes	No
Are all tanks for wh	ich MTG is used under 2,000	gallons in capacity?	Yes	No
Are monitoring reco	rds available for the last 12 r	nonth period?	Yes	No
Chacle One Res		ALL CHARGON		Minimum Test Duration
	550			
				Duration
()	550	N/A	5	Duration 36 hours
()	550 551 - 1,000	N/A N/A	5 7	Duration 36 hours 36 hours
()	550 551 - 1,000 1,000	N/A N/A 64" diameter x 73" length 48" diameter x 128" length	5 7 4	Duration 36 hours 36 hours 44 hours
()	550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length N/A	5 7 4	Duration 36 hours 36 hours 44 hours 58 hours 36 hours
	550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length N/A	5 7 4 6	Duration 36 hours 36 hours 44 hours 58 hours 36 hours

7		F	acility ID Number 0	5-02286
Ground Wa	ater Mon	itorina		and the second s
Date System Installed:				
Distance of well from tank(s) (1) (2)		(3)	(4)	
Distance of well from piping (1) (2)		(3)	(4)	· · · · · · · · · · · · · · · · · · ·
Site assessment was conducted by:				
Location of site assessment documentation:				
Property and the state of the s			e se e e e e e e e e e e e e e e e e e	Company of the Compan
	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of ft.				
		Color to TCE (a) 1 1994 Co	Anglinia neetissa (1975 eeskalti takkin noon on siin oo Mariin saat 2 maalii ka mataataa aanataa mariin oo	
Wells are used to monitor piping.			Yes	No
Site assessment was performed prior to installation of wells.	•		Yes	No
Documentation of monthly readings is available.			Yes	No
Specific gravity of product is less than one.			Yes	No
Hydraulic conductivity of soil between UST system and mor cm/sec. According to:	nitoring wells is no	t less than 0.01	Yes	No
Groundwater is not more than 20 feet from ground surface.	`		Yes	No
Wells are sealed from the ground surface to top of filter pac	k		Yes	No
Continuous monitoring device or manual bailing method use least one-eighth of an inch of the product on top of grounds		presence of at	Yes	No
Groundwater is monitored: (one) () Manually on a	monthly basis.	() Automatica	lly (continuously or	monthly basis
Check the following if groundwater is monitored manually: functional.	Bailer used is acc	essible and	Yes	No
Check the following if groundwater is monitored automatica	ally: Monitoring bo	ox is operational.	Yes	No
Checked for presence of sensor in monitoring well.		galandiga argente de la Restauriga de 17,100 con qui grandiga de 18,000 con que proprieda de 18,000 con que propri	Yes	No
On the best of the wells and the best of t	and the second s	And the second s		and location of

NOT USED BUT PRESENT

Date: 03/15/00

Comments:

Inspector's Signature:

Comments:

	racinty it	, iduliiber	05-02286	
	Interstitial Monitoring		E-market, year, year,	-
Manufacturer and name of	system: O/C Model SB 0011C1			•
Date system installed:	12-01-91			
Materials used for seconda	ry barrier: FRP			
Materials used for internal	lining: FRP			
Interstitial space is monitor	red (one): automatically continuously monthly basis.	and the second s	State Configure 1 to 1991 h regional and 1884	
	h secondary containment and interstitial monitoring.	Yes ✔	No	N/A
System is designed to dete product.	ct release from any portion of UST system that routinely contains	Yes 🗸	No	N/A
	mented as capable of detecting a leak as small as .1 gal./hr. with at least tion and a probability of false alarm of no more than 5%.	Yes 🗸	No	N/A
Documentation of monthly	readings is available for last 12 months.	Yes 🗸	No	N/A
	n documents and records are available and indicate appropriate in system have been implemented.	Yes 🗸	No	N/A
Monitoring box, if present,	is operational.	Yes ✔	No	N/A
	of leak detection system, monitoring wells are clearly marked and zed access and tampering.	Yes	No	N/A 🗸
Interstitial space is monitor	red manually on monthly basis (answer the following question).	Yes	No	N/A
Equipment used to take rea	adings is accessible and functional.	Yes	No	N/A
Tank is double-walled		Yes	No	N/A
Tank is fitted with internal question).	bladder to achieve secondary containment (answer the following	Yes	No	N/A
Bladder is compatible with substance.	substance stored and will not deteriorate in the presence of that	Yes	No	N/A
Excavation is lined with im following questions).	pervious artificial material to achieve secondary containment (answer the	Yes	No	N/A
Secondary barrier is always	s above groundwater.	Yes	No	N/A
If secondary barrier is not a for use under such condition	always above groundwater, secondary barrier and monitoring designs are	Yes	No	N/A
Secondary barrier is constructed substance < 10 ⁶ cm/sec.	ucted from artificially constructed material, with permeability to	Yes	No	N/A
	atible with the regulated substances stored and will not deteriorate in	Yes	No	N/A
Secondary barrier does not	interfere with operation of cathodic protection system.	Yes	No	N/A

Inspector's Signature: Date: 03/15/00

9			
9			

3	40.5		
_		·	3
	V	24	3
'	~		9

Automatic Tank Gauging

Manufacturer, name and model number of system:		· · · · · · · · · · · · · · · · · · ·
		-
Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable). Comments:	Yes	
Inspector's Signature:	Date:	03/15/00

Statistical Inventory Reconciliation						
R(T)	STATE OF THE STATE					
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.	The second secon					
Records include monthly water monitoring.	Yes	No				
Tank inventory reconciled before and after fuel delivery.	Yes	No				
Appropriate calibration chart is used for calculating volume.	Yes	No				
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No				
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No				
Answer one of the following three:						
Owner can demonstrate consistency in dipsticking techniques.	Yes	No				
a) The dipstick is long enough to reach the bottom of the tank.	Yes	No .				
b) The end of the gauge stick is flat and not worn down.	Yes	No				
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes	No				
· OR						
2) Automatic tank gauge is used for readings.	Yes	No				
OR						
3) Other method is used for readings (explain in comment section below).	Yes	No				
A third-party certification of the SIR method is available.	Yes	No				
Monitoring and testing records are maintained and available for the past 12 months.	Yes	No				
Comments:						
NOT USED						
NOT USED						
	Date: 03/1	5/00				
Inspector's Signature:	Date: US/13	1100				

THE RESERVE OF THE PERSON OF T	7 - 3 - 3 - 4 - 4 - 1 - 4 - 1 - 4 - 1 - 4 - 1 - 4 - 1 - 4 - 1 - 4 - 4	www.es.	raciii	lifty ID Number 05-02286			
Spill/0	Overfill	Preven	tion				
	Tank 0	O4. Tar	nk 005	Tan	k 006	Т	ank 4
Are all tank transfers less than 25 gallons?	Yes No	Yes	No 🗸	Yes	No 🗸	Yes	No
	Lindi	A Commence of the Commence of		and their and which	and the second s		Z Jak
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes ✔ N	Yes 🗸	No	Yes 🗸	No	Yes	No
		9.00				hija Kas	
What device is used to	prevent ta	nk from bein	g overfill	ed?			
Ball float valve	Yes No	Yes	No	Yes	No	Yes	No
Butterfly valve (in fill pipe)	Yes ✔ N	Yes 🗸	No	Yes 🗸	No	Yes	No
Automatic alarm monitoring is used	Yes No	Yes	No	Yes	No	Yes	No
Other alarm system	Yes No	Yes	No	Yes	No	Yes	No

Cathodic Protection								e dieta
	Т	ank 1	Т	ank 2	Tank 3		Tank 4	
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No
The last two test results are available. (Tests are required every three years.)		No ,	Yes	No	Yes	No	Yes	No
		ikunika Uzunna				en jorganisk Gregoria		
Rectifier is on 24 hours a day?	Yes	No	Yes	No	Yes	No	Yes	No
The last two test results are available? (Tests are required every 60 days.)		No	Yes	No	Yes	No	Yes	No
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No
Comments: TANK IS FRP								
							•	
Inspector's Signature: Date: 03/15/00								

Leak Detection Inspection

				Same of the State of the			
Pennsylvania Turnpike Commission Owner Name (Corporation, Individual, Public Agency or other	entity)	Burnt Cabins Maintenance Facility Name or Company Site Identifier, if different from left					
P. O. Box 67676 Street Address		Ster Route 3 - Box 522 MP 186.03 Street Address or State Road, as applicable					
Harrisburg Pa 17106- City State Zip C		Shad City (ne	e Gap earest)	Pa State	17255 Zip Code		
717 939 9551 Ext. 3731 Area Code Phone Number			ode Phone Number				
Deann S. Metro Donald L. Bohm Ext. 3660 Contact Person At UST Location		Numbe	r of Tanks at This Loc	ation:3			
Does The Facility Have a Fi							
Tank presently in use (🗸)	Tank 0	04	Tank 005	Tank 006	Tank 4		
If not, date last used							
If emptied, verify 1" or less of product in tank							
Month and Year Tank Installed	12-01-	91	12-01-91	12-01-91			
Material of Construction (Tank / Pipe)	FRP/F	RP	FRP/FRP	FRP/Copper/FRP			
Capacity of Tank (in gallons)	6,00	0	6,000	1,000			
Substance Stored	Gasoli	ne	Diesel	Kerosene			
MASSISSES CONTRACTOR TO SEE STATE OF ST	St. St. St. St. St. St. St. St. St.	Now harden Design	nan katalan katalan dan katalan dan dan				
Manual Tank Gauging (tanks under 1,000 gal.)							
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)							
Tank Tightness Testing and Inventory Control							
Automatic Tank Gauging							
Vapor, Groundwater or Interstitial Monitoring			<i>'</i>	<u> </u>			
Other approved method	4	orthographic Control	Comments of the second of the		A		
Value of the second				Company of the second s			
Check Pressurized (P) or Suction (S) Piping for each tank	Р		Р	s			
Automatic Line Leak Detectors, and check one							
Vapor or Groundwater Monitoring							
Secondary Containment with Monitoring							
Line Tightness Testing							
I Gerard R. Donovan, Jr. certify that I have inspected the above named facility on							
Inspector's Signature: Alecan	LICT.	یں دفع		Date: 0	3/15/00		

Leak Detect	ion for F	Piping		
				717
Set 1	Tank 004	Tank 005	Tank 006	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device	~	~		
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring	V	~		
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				
		and the second second		
Line Tightness Testing (required every 3 years)			12-01-91	
Secondary Containment with Interstitial Monitoring			~	
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)				
Operates at less than atmospheric pressure	<u> </u>			
Has only one check valve, which is located directly under pump				
Slope of piping allows product to drain back into tank when suction released				
All above information on suction piping is verifiable	### ##################################		Akada a sa	
On the back of the second seco			icheachtain michannai	nd location of
Comments:				
. 1,000 Gallon Tank for turn	ine generator			
	i de awa	,	Date: 00/4/	- (00
Inspector's Signature:	, Gold W	`	Date: 03/1	5/00



Inventory Control and Tank Tightness Testing

Method of tank tightness testing:							
Address of tank tightness tester:							
Place (20) (1)	White a security in the second security in the second section of the section of th	Management					
	Tank 1	Tank 2	Tank 3	Tank 4			
Date of last tank tightness test.							
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)							
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.							
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.							
If no, which months were not?							
Owner/operator can explain inventory control methods and fig	ures used and rec	orded.	Yes	No			
Records include monthly water monitoring.			Yes	No			
Tank inventory reconciled before and after fuel delivery.			Yes	No			
Books are reconciled monthly.			Yes	No			
Appropriate calibration chart is used for calculating volume.			Yes	No			
Dispenser pumps are calibrated to within 6 cubic inches per fi	ve gallons.		Yes	No			
The drop tube in the fill pipe extends to within one foot of tan	k bottom.		Yes	No			
Owner can demonstrate consistency in dipsticking techniques	•		Yes	No			
The dipstick is long enough to reach the bottom of the tank.			Yes	No			
The ends of the gauge stick are flat and not worn down.			Yes	No			
The dipstick is marked legibly & the product level can be deter	rmined to the near	rest 1/8th inch.	Yes	No			
The tank has been tested within the year & has passed the tig	htness test (if ned	cessary).	Yes	No			
A third-party certification of the tank tightness test method is	available.		Yes	No			
Tank tester complied with all certification requirements.			Yes	No			
Monitoring and testing are maintained and available for the pa	st 12 months.		Yes	No			
Comments:							
NOT USED							
Inspector's Signature:			Date: 03/15/0	00			

3	Vapor Mo	nitorina			
Name of monitoring device:	NOT USED				
	Number of monitoring we	ells			
Distance of monitoring well(s)	from tank(s) (1) (2	2) (3		(4)	
Site assessment was conducted	ed by:				
Location of site assessment do	ocumentation:				
Pleasellidienceresson					
	The second secon				
Well is clearly marked and sec	ured	Tank	1 Tank 2	Tank 3	Tank 4
Well caps are tight.	ui eu.				
	enitoring device is not rendered inope	erative by			
Well is free of debris or has ot	her indications that it has been recer	ntly checked.			
	The Committee of the Committee Commi	12.5. 12. 2			N. HA
UST excavation zone was asse	essed prior to vapor monitoring syste	em installation. Yes	No		
One or more USTs is/are include	ded in system.	Ye:	s No		
Age of the second secon	SEMPLE SOURCEMENT	ie de la little le l			
Power box is accessible and p	ower light is on.	Ye	s No		
Documentation of monthly rea	dings is available for last 12 months				
	gs is accessible and functional.	Ye:			
Vapor monitoring equipment h	as been calibrated within the last ye			and the second of the second o	A Landard Company of the Company of
	and the commission with the contract of the co				Total State
	dings is available for last 12 months				
	gs is accessible and functional.	ar. Ye		The late of the la	
Porous material was used for I	as been calibrated within the last ye	Ye			
Wells are placed within the ex		Ye		mala para managan da m Managan da managan da m	
Level of background contamin		· Ye			
If so what is level?			7 TF 1 TF	September 2000 to 2000 Conference 2000 to 2000 Conference 2000 to 2000	
On the back of tris sheet pla wells and their distance from	der Ekende züschen Anderez ilköleine zune and piolog	runs, tanks linelucings	z a p stukich	as stored) and	location of
Comments:				47.	
Inspector's Signature:				Date: 03/15/0	0

P E N N

TURNPIKE

1,000

OFFICE & GENERATOR

DISPENSERS





Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):_____

		Z B V.C. AYC. C. HEACE O.G.				
-	level measurements are take Circle one] 36, 44, 58) hours I from the tank.		Yes	No		
Level measurements at both beginning an	are based on average of two	o consecutive stick readings	Yes	No		
	variation between beginning on below for corresponding size	Yes	No			
Gauge stick is long of are flat and not work	enough to reach bottom of th n down.	Yes	No			
Gauge stick is marke nearest one-eighth o	ed legibly and product level c	Yes	No			
MTG is used as sole	method of leak detection for	Yes	No			
MTG is used in coni	unction with tank tightness t	Yes	No			
Are all tanks for which MTG is used under 2,000 gallons in capacity?			Yes No			
Are monitoring records available for the last 12 month period?			Yes	No		
Check One		a il bijanetidoje		Minimum Test Duration		
()	550	N/A	5	36 hours		
()	551 - 1,000	N/A	7	36 hours		
()	1,000	64" diameter x 73" length	4	44 hours		
()	1,000	48" diameter x 128" length	6	58 hours		
()	1,001 - 2,000*		13	36 hours		
* Manual tank garg		no with tank tightness testing	foëranke ovjek 1.000 cal ja	nd lass than 2,000 gal,		
Comments:						
	NOT USED					
			Data:	03/15/00		
Inspector's Signatur	re:		Date.	00,10,00		

Inspector's Signature:

7		Fa	cility ID Number 0	5-02286
Ground Wa	ter Mon	itorina		an en
Date System Installed:				
Distance of well from tank(s) (1) (2)			(4)	
Distance of well from piping (1) (2)		(3)	(4)	
Site assessment was conducted by:				
Location of site assessment documentation:				
	Mario estado estado estado en 1970.			
The second secon	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of ft.				
	(N. mally () (a mark of the			
Wells are used to monitor piping.			Yes	No
Site assessment was performed prior to installation of wells.			Yes	No
Documentation of monthly readings is available.			Yes	No
Specific gravity of product is less than one.			Yes	No
Hydraulic conductivity of soil between UST system and mon cm/sec. According to:	itoring wells is n	ot less than 0.01	Yes	No
Groundwater is not more than 20 feet from ground surface.			Yes	No
Wells are sealed from the ground surface to top of filter pack	ζ		Yes	No
Continuous monitoring device or manual bailing method used least one-eighth of an inch of the product on top of groundw		presence of at	Yes	No
Groundwater is monitored: (one) () Manually on a	monthly basis.	() Automatical	y (continuously or	monthly basis
Check the following if groundwater is monitored <u>manually</u> : I functional.	Bailer used is acc	cessible and	Yes	No
Check the following if groundwater is monitored automatical	ly: Monitoring b	ox is operational.	Yes	No
Checked for presence of sensor in monitoring well.	THE STATE OF THE S		Yes	No
On the back of me to some all a wells and their distant	nping day cank		eli salan (de place)	and location of
Comments:				

NOT USED BUT PRESENT

Date: 03/15/00

anger (
		3	
	*	٦	,

Interstitial Monitoring

Manufacturer and name of system: O/C Model SB 0011C1	 		:			
Date system installed: 12-01-91						
Materials used for secondary barrier: FRP						
Materials used for internal lining: FRP	<u> </u>					
Interstitial space is monitored (one): automatically continuously monthly basis.						
tank in system is fitted with secondary containment and interstitial monitoring.	Yes 🗸	No	N/A			
System is designed to detect release from any portion of UST system that routinely contains product.	Yes 🗸	No	N/A			
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr. with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes 🗸	No	N/A			
Documentation of monthly readings is available for last 12 months.	Yes 🗸	No	N/A			
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes 🗸	No	N/A			
Monitoring box, if present, is operational.	Yes 🗸	No	N/A			
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes	No	N/A 🖍			
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes	No	N/A			
Equipment used to take readings is accessible and functional.	Yes	No	N/A			
Tank is double-walled	Yes	No	N/A			
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes	No	N/A			
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes	No	N/A			
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes	No	N/A			
Secondary barrier is always above groundwater.	Yes	No	N/A			
If secondary barrier is not always above groundwater, secondary barrier and monitoring designs are for use under such conditions.	Yes	No	N/A			
Secondary barrier is constructed from artificially constructed material, with permeability to substance $< 10^6$ cm/sec.	Yes	No	N/A			
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes	No	N/A			
Secondary barrier does not interfere with operation of cathodic protection system.	Yes	No	N/A			
Comments: 1,000 Tank is for generator						
2						
Inspector's Signature:	Date	: 03/15/0	00			

ž,		
Г	ž	
٦	35	1

Automatic Tank Gauging

Manufacturer, name and model number of system:		ķ
Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods")."	Yes	No No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable).	Yes	No
Comments:		The second secon
Inspector's Signature:	Date: (03/15/00

Statistical Inventory Reconciliation								
		i i respectión						
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.								
Records include monthly water monitoring.	Yes	No						
Tank inventory reconciled before and after fuel delivery.	Yes	No						
Appropriate calibration chart is used for calculating volume.	Yes	No						
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes	No						
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes	No						
Answer one of the following three:								
Owner can demonstrate consistency in dipsticking techniques.	Yes	No						
a) The dipstick is long enough to reach the bottom of the tank.	Yes	No						
b) The end of the gauge stick is flat and not worn down.	Yes	No						
c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch.	Yes	No						
OR								
2) Automatic tank gauge is used for readings.	Yes	No						
<u>OR</u>		1						
3) Other method is used for readings (explain in comment section below).	Yes	No						
A third-party certification of the SIR method is available.	Yes	No						
Monitoring and testing records are maintained and available for the past 12 months.	Yes	No_						
Comments:								
NOT USED								
Inspector's Signature:	Date: 03/1	5/00						

Spill/C)verf	ill Pre	even	tion	Į.		allenia di	
	Tan	Tank 004 Tank 005			Tan	k 006	Tank 4	
Are all tank transfers less than 25 gallons?	Yes	No 🗸	Yes	No 🗸	Yes	No 🗸	Yes	No
	a anatolis	anion est		por control enter of a field	Liver care			
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes 🗸	No	Yes 🗸	No .	Yes ✔	No	Yes	No
		Vijetarat V			artini ()			
What device is used to	prevent	tank fro	m bein	g overfill	ed?			
Ball float valve	Yes	No	Yes	No	Yes	No	Yes	No
Butterfly valve (in fill pipe)	Yes ✔	No	Yes 🗸	No	Yes 🗸	No	Yes	No
Automatic alarm monitoring is used	Yes	No	Yes	No	Yes	No	Yes	No
Other alarm system_	Yes	No	Yes	No	Yes	No	Yes	No

Cath	Cathodic Protection										
	Т	Tank 1		Tank 2		Tank 3		ank 4			
Section 1997		iode 8781		iku kati							
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No			
The last two test results are available. (Tests are required every three years.)	Yes	No	Yes	No	Yes	No	Yes	No			
	NAME OF TAXABLE PARTY.	d Current		10							
Rectifier is on 24 hours a day?	Yes	No	Yes	No	Yes	No	Yes	No			
The last two test results are available? (Tests are required every 60 days.)	Yes	No	Yes	No	Yes	No	Yes	No			
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No			
Comments: TANK IS FRP											
							•				
Inspector's Signature:	/	`	`` - <i>/</i>	/	Date	: 03/15/	00				

Rev. 2-16-96		STORAGE	TANKS REVIEW	/ ROUTING SI	HEET	•	PAGE_	or_C	
FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL CK STAFF	QUAL CK DATE	QUALITY CHECK		
31-07986	5-6-96	DF	1 Page	5/7/96	*C	05-10-96	Return to DE		
Add Now Change	Change of Dv		OW	HER SCREEN		Valui sasa X	DONE		
Owner ID #	SSN/Tax II	D # :				Phone:			
Correct:	Name:					County:			
Transfer (Inv)	Mailing:					Munic.:			
New Owner ID ₽	Address:				`	Туре:			
Transfer Effective Date	City:			State:		Zip:			
A41100 Output			7.45	LITY SCREEN	eg vyjako eg		DONE //		
Name:					Phone:				
Site: SR 3	BOX 5	39			County:		Munic.:		
Address:					Туре:			·	
City:			Zip:		Sign Date	3-20-9	96		
Add New Change	Colote		CONT	ACT SCREEN			DONE		
Name: Oame	s 9	Cden	CFM		City:				
Company Name:	1				State:				
Mailing: PA Ju	unpike	Comm	ussion		Zıp:	17106			
Address: PO T	30x 6	7676	•		Phone:	17-939	-9551		
Beginning Balance NEW:		OLD:	FEE.SCREEN	- MANUAL ENT	RIES				
TRAN AMOUNT	INVOICE #	TANK#	TEAR CHECK	CRE	DIT#	COMM	IENTS	000	
Account Balance After ME	s NEW:		OLD:			CONT	***************************************		

Rev. 2-15	i-96				9	STORAGE	TANKS	REVIEW /	ROUT	NG SHE	EET		•		PAGE 20	.2
	FACILITY ID NO.			DATE		REVIEW STAFF	11	DE TAFF	DE ENTR	11	QUAL CK STAFF		QUAL CK DATE QUAL		LITY CHECK	
31-02286 5-6-96 D			DF	I Of	29/	By 5/1/96					R4	turn to DE Sup turn to Review				
		50500 5 50000	35.2 (2000) (2000)	Bright Block of	Section 1995 Section 1995	TANK SCRE	EN #1						TANK SCR		TANK#3	
Seq. #	Tank #	Add New	Change	Add Status	Over- Write Status			Comm	nents				Add Component(s)	Add Exemption	Client #	Done V
A100	28159		X			Drote	ill c	date	1.	-1-8	38			ŧ		V
C03A			×			99	tyde	aulie		عز						1/
400	110685		×			Onota	wd	ate	12	-1-9	/					V
005	110686		×			Instal	e da		12-1	-91						V
800	110687		×			Insta	re de	ate	12.	-1-9	/					
							,						·			
								····								
		Ter	* •	C,T,A	—	rw Facility #	New Seq #	Effective Date	Done V	Teni		C,T,R	New Facility #	Now Seq #	Effective Date	Dene V
	ANK NSFER/			1	_			•								
RESE C - Corre	QUENCE															
T - Transf	fer (Inv)															
R - Reseq	- Resequence															
Bad Facil	ity No.															
Delete Ta	nnk(s)											D	elete Owner			
												D	elete Facility			

/



Recycled Paper 522 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WATER QUALITY MANAGEMENT RECEIVED REGISTRATION OF STORAGE TANKS QUALITY MGMI In accordance with Sections 303 and 503 of the Storage Tank and Spill Prevention Act, owners of regulated storage tanks are required to register their tanks with the Department and pay the required fees. *** PLEASE READ ALL INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THE FORM*** 95 MAR 25 AM 11: 00 STORAGE TANK PROGRAM I. PURPOSE OF SUBMITTAL (Please Check Those That Apply) AMENDED REGISTRATION CHANGE OF OWNERSHIP INITIAL REGISTRATION ☐ Initial Registration Change in Previous Info ☐ Sold / Purchased ☐ All Tanks Will Remain at Same Facility ☐ Registration for ☐ Adding Tank(s) □ Temporarily Not Using Tank(s) □ Some Tanks Will Remain at Same Facility Removal of ☐ Removed / Closed Tanks ☐ Some Tanks Relocated to Another Unregistered Tank(s) ☐ Relocated Tank(s) Regulated Facility ☐ Registration for Un-STATE USE ONLY (Same Owner-Different Facility) Some Tanks Relocated to a New Facility Registered Tank(s) DO NOT WRITE IN THIS SPACE and the Tanks are to Be Registered Closed in Place II. OWNER / BUSINESS INFORMATION (Please Type or Print Legibly) DER CLIENT ID NO. (STATE USE ONLY) 6252 B. CHANGE OF OWNERSHIP ... (Complete - Only if some or all tanks have been sold or purchased.) Leave as is in system. EIN (or SS) No. 23730309 K Date of Sale/Purchase Sold To Owner Name PA Turnoike Commission (New Owner Name) Address P.O. Box 67676 (New Address) State PA Zip 17106 City Haccisbuca County Dauphin Municipality Luc Swatara Purchased From Phone No. (717) 939 9551 (Old Owner Name) (Old Address) Type of Owner/Business (Check Only One) ☐ Vol. Fire Co./EMS Org. ☐ Corporate ☐ Private (Business) ☐ Federal Government (Old Facility ID No.) State Government ☐ Private (Residential) (Old Tank No.(s)) ☐ Local Government III. FACILITY INFORMATION (Please Type or Print Legibly) B. CONTACT (Optional) A. DER FACILITY ID NO. 3 1 - 0 2 2 (Complete - Only if mail is to be sent to someone other than the Facility Name BURNT CABINS MNTCE owner or if mail is to be sent to a specific person or department within a company.) Location (PO Box NOT acceptable) (RR Box IS acceptable) STAR ROUTE 3 - BOX 522 Send all mail to Facility address noted to the left. City SHADE GAP State PA Zip 17255 ✓ Send all mail to Contact address noted below: County HUNTING DON Municipality Dublin Two Phone No. (717) 349. 2610 Name James J. Eden, CFM Type of Facility (Check Only One) Title Facilities Manager O0 Unknown 10 Federal, Military Mailing Address PA Turnpike Commission ☐ 01 Gas Station ☐ 11 Commercial ☐ 02 Petroleum Distr ☐ 12 Industrial PO Box 67676 O3 Air Taxi ☐ 13 Residential City Haccisbuca State PA Zip 17106 14 Contractor 04 Aircraft Owner ☐ 15 Trucking/Transport Phone No. (717) 939 - 9551 05 Auto Dealership 16 Utilities 06 Railroad ☐ 17 Farm □ 07 Local Govt

SPECIFY

☐ 99 Other

💢 08-State Govt 🦠

09 Federal, Non-Military

DER Facility ID No.

31.02286

Facility Name BURNT CABINS

IV. DESCRIPTION OF STORAGE TANKS (Please type or print legibly each regulated storage tank at this facility under your ownership.)

A. ABOVEGROUND TANKS List ALL tanks. If amending information, mark the Amended Tank(s) with an asterisk (*) to the left of the tank number.

			110						
Tank Number	STATUS	Install Date (Mo-Day-Yr)	Remove Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name and CAS No. (W Hazardous Substance)	Substance Name (If Other or Mixture)	Tank f √ If Yes	Ref. Code
001 A	Ε	1/1/88		500	G	Used motor oil		1	
003A	E	5/1/94		500	7	Hydraulic oil			
004A	E	5/1/94		500	F	New motor oil		\ \	
Α									
A									
Α						· · · · · · · · · · · · · · · · · · ·			
Α					ļ				
A	_							-	
Α							·	 	
A							•		
	_					•		-	
Α				L <u></u>					

Status Codes:

C - Currently in Use;

T - Temporarily Out of Use;

R - Removed or Closed in Place

E- In use and exempt from registration B. UNDERGROUND TANKS List ALL tanks. If amending information, mark the Amended Tank(s) with an asterisk (*) to the left of number.

	5	la eta II	Remove		Substance	CERCLA Name		Tank	Exempt	
Tank Number	A TUS	Install Date (Mo Day-Yr)	Date	Date	(Gallons) (Currently or (If H.		and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	√ If Yes	Ref. Code
004	C	15/1/21		6220	Α	Gasoline		V		
		19/1/91		6000	B	Diesel		V		
006					Ω	Kerosene				
						•				
						•				

Status Codes:

C - Currently in Use;

T - Temporarily Out of Use;

R - Removed or Closed in Place

V. CERTIFICATION (Read and Sign after completing all appropriate sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act, with any regulations and orders issued pursuant to this Act, and with the requirements for obtaining a permit required under this Act.

Please be advised that signature by an individual on this document indicates that he/she owns the subject storage tank and, in effect, represents to the Department that the individual owns the storage tank and is aware of those responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act and its regulations. Please be further advised that this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Official Title of Owner Commission Rep. Signature	A -	Date Signed
James J. Eden/Facilities Mar. Jung gen	<u> </u>	3/20/96
Detach and return this page to the Division of Storage	je Tanks	

Rec'd 3-3/-00 Facility ID Number 05-02286

	20024	00.510	
		16	
		Sec.	
200	witten	19%	
	*		

Leak Detection Inspection

3 Ownership of Tankts)			The Loc	ation of Tank(s							
Pennsylvania Turnpike Commission Owner Name (Corporation, Individual, Public Agency or other P. O. Box 67676 Street Address	entity)	Burnt Cabins Maintenance Facility Name or Company Site Identifier, if different from left Ster Route 3 - Box 522 MP 186.03 Street Address or State Road, as applicable									
Harrisburg Pa 17106-	7676	Shad	e Gap	Pa	17255						
City State Zip C		City (ne		State	Zip Code						
717 939 9551 Ext. 3731 Area Code Phone Number		Area C	ode Phone Number								
Deann S. Metro Donald L. Bohm Ext. 3660 Contact Person At UST Location		Numbe	r of Tanks at This Loc	ation: 3							
Does The Facility Have a Fi	nancial Ass										
(PROVIDE COMMENTS AS TO CO					er - and a						
III. Tank Information Complete for each tank. It facility	has more than	4 tenks, p	notocapy page and cam	lete information for addit	ional tanks						
Tank presently in use (✔)	Tank 0	04	Tank 005	Tank 006	Tank 4						
If not, date last used											
If emptied, verify 1" or less of product in tank											
Month and Year Tank Installed	12-01-	91	12-01-91	12-01-91							
Material of Construction (Tank / Pipe)	FRP/FI	RP	FRP/FRP	FRP/Copper/FRP							
Capacity of Tank (in gallons)	6,00	0	6,000	1,000							
Substance Stored	Gasoli	ne	Diesel	Kerosene							
IV.A. Release Detection For Tanks	eck the relation	detection	method(s) used for each	tank or N/A If hehe requ	ted in sugar and						
Manual Tank Gauging (tanks under 1,000 gal.)											
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)											
Tank Tightness Testing and Inventory Control											
Automatic Tank Gauging											
Vapor, Groundwater or Interstitial Monitoring			<u> </u>	· ·							
Other approved method											
IV.B. Release Detection For Piping	Parameter A	Check	the release detection me	thod(s) used for piping.	and the samples of						
Check Pressurized (P) or Suction (S) Piping for each tank	Р		Р	S							
Automatic Line Leak Detectors, and check one											
Vapor or Groundwater Monitoring											
Secondary Containment with Monitoring	~		~								
Line Tightness Testing											
I Gerard R. Donovan, Jr. certify that I have ins	I Gerard R. Donovan, Jr. certify that I have inspected the above named facility on03/15/00										
Inspector's Signature:	Litter	V / W		Date: 03	3/15/00						

第二



Leak Detection for Piping

Pressurized Piping A method must be selected from each set. \ more than 4 tanks, please photocopy this pa	All the second s	a the contract of the contract	The state of the s		
Set 1	Tank 004	Tank 005	Tank 006	Tank 4	
Automatic Flow Restrictor					
Automatic Shut-off Device	V	~			
Continuous Alarm System					
and					
Set 2					
Annual Line Tightness Testing					
Interstitial Monitoring		~			
If Interstitial Monitoring, documentation of monthly monitoring is available					
Ground-Water or Vapor Monitoring					
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available					
Other Approved Method (specify in comments section)					
Suction Piping.Indicate dat	e of most recen	t test.		gentine en e	
Line Tightness Testing (required every 3 years)			12-01-91		
Secondary Containment with Interstitial Monitoring					
Ground-Water or Vapor Monitoring					
Other Approved Method (specify in comments section)					
No Leak Detection Required (must answer yes to all of the following questions)					
Operates at less than atmospheric pressure					
Has only one check valve, which is located directly under pump					
Slope of piping allows product to drain back into tank when suction released					
All above information on suction piping is verifiable				CIT BIN HATCHING	
On the back of this sheet, please sketch the site, noting all piping runs wells and their distance from tanks and piping.	, tanks (includin	ng size and subsi	ances stored) a	nd location of	
Comments:					
1,000 Gallon Tank for turphine generator					
Increased Signature:	donwa	, ·	Dete: 02/45		
Inspector's Signature:			Date: 03/15	700	



Inventory Control and Tank Tightness Testing

Method of tank tightness testing:					
Address of tank tightness tester:					
The state of the s	this facility has momplete the inform	The second secon		this page and	
	Tank 1	Tank 2	Tank 3	Tank 4	
Date of last tank tightness test.					
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)					
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.					
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.					
If no, which months were not?	OFFICE CONTRACTOR				
Please answer ye	s or no for each	question			
Owner/operator can explain inventory control methods and fig	jures used and rec	orded.	Yes	No	
Records include monthly water monitoring.			Yes	No	
Tank inventory reconciled before and after fuel delivery.			Yes	NoNo	
Books are reconciled monthly.			Yes	No	
Appropriate calibration chart is used for calculating volume.			Yes	No	
Dispenser pumps are calibrated to within 6 cubic inches per fi	ve gallons.		Yes	No	
The drop tube in the fill pipe extends to within one foot of tar	nk bottom.		Yes	No	
Owner can demonstrate consistency in dipsticking techniques	i		Yes	No	
The dipstick is long enough to reach the bottom of the tank.			Yes	No	
The ends of the gauge stick are flat and not worn down.			Yes	No	
The dipstick is marked legibly & the product level can be dete	rmined to the near	rest 1/8th inch.	Yes	No	
The tank has been tested within the year & has passed the tight	ghtness test (if ne	cessary).	Yes	No	
A third-party certification of the tank tightness test method is	available.		Yes	No	
Tank tester complied with all certification requirements.			Yes	No	
Monitoring and testing are maintained and available for the pa	ast 12 months.		Yes	No	
Comments:					
NOT USED					
Inspector's Signature:			Date: 03/15/0	00	

Vapor Monitoring	** ***********************************			
Name of monitoring device: NOT USED				
Date system installed Number of monitoring wells				
Distance of monitoring well(s) from tank(s) (1) (2)	(3)		(4)	
Site assessment was conducted by:				
Location of site assessment documentation:	To the State of the	The state of the s	* Care and all the same	
Please indicate yes or no for each tank Please complete all information for please photocopy this page and or	the state of the s	A State Concession and Control		
	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				
Please answer yes or no for each o	uestion			
UST excavation zone was assessed prior to vapor monitoring system installation.	Yes	No		
One or more USTs is/are included in system.	Yes	No		
If the system is automatic, check the	following:			
Power box is accessible and power light is on.	Yes	No	ermonaumu 1925. jaunut 1991	Period III
Documentation of monthly readings is available for last 12 months.	Yes	No	A STATE OF SHIPLE STATE OF STATE OF STATE OF STATE OF SHIPLE STATE OF STATE	
Equipment used to take readings is accessible and functional.	Yes	No		
Vapor monitoring equipment has been calibrated within the last year.	Yes	No	The state of the s	er mainthigh and the second
If the system is manual, check the f	ollowing:	All marming as a second		gildenida 2-million - American
Documentation of monthly readings is available for last 12 months.	Yes	No	Production of the Control of the Con	
Equipment used to take readings is accessible and functional.	Yes	No		
Vapor monitoring equipment has been calibrated within the last year.	Yes	No		
Porous material was used for backfill.	Yes	No		
Wells are placed within the excavation zone.	Yes	No		Table 1
Level of background contamination is known. If so what is level?	Yes	No		ranis religion
On the back of this sheet, please sketch the site, noting all piping runs, tanks (included) wells and their distance from tanks and piping.	uding size an	d substances	stored) and	location of
Comments:				
Inspector's Signature:		Da	te: 03/15/00	

 ſ					Site Ske	tch/Phot
		Kero 1,0	osene 00			
		OFI	FICE & GE	NERA	TOR	
P E N N					DISPE	NSERS
T U R					6,000	TANKS
P I K E						



Manual Tank Gauging

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4):					
	Please	answer yes or no for each	question		
Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.					
Level measurements are based on average of two consecutive stick readings Yes No at both beginning and end of period.					
	variation between beginning n below for corresponding siz	Yes	No		
Gauge stick is long of are flat and not work	enough to reach bottom of th n down.	ne tank. Ends of gauge stick	Yes	No	
Gauge stick is marke nearest one-eighth o	ed legibly and product level c of an inch.	an be determined to the	Yes	No	
MTG is used as sole	method of leak detection for	r tank.	Yes	No	
MTG is used in conj	unction with tank tightness t	esting.	Yes	No	
Are all tanks for which MTG is used under 2,000 gallons in capacity?			Yes	No	
Are monitoring reco	rds available for the last 12 n	nonth period?	Yes	No	
Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration	
Check One:		Tank Dimensions			
	(in gallons)		(in gallons)	Duration	
()	(in gallons) 550	N/A	(in gallons) 5	Duration 36 hours	
()	(in gallons) 550 551 - 1,000	N/A N/A	(in gallons) 5 7	Duration 36 hours 36 hours	
()	(in gallons) 550 551 - 1,000 1,000	N/A N/A 64" diameter x 73" length 48" diameter x 128" length	(in gallons) 5 7 4	Duration 36 hours 36 hours 44 hours	
()	(in gallons) 550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length	(in gallons) 5 7 4 6 13	Duration 36 hours 36 hours 44 hours 58 hours 36 hours	
()	(in gallons) 550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length N/A	(in gallons) 5 7 4 6 13	Duration 36 hours 36 hours 44 hours 58 hours 36 hours	
() () () () Manual tank gaug	(in gallons) 550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length N/A	(in gallons) 5 7 4 6 13	Duration 36 hours 36 hours 44 hours 58 hours 36 hours	
() () () () * Manual tank gaug	(in gallons) 550 551 - 1,000 1,000 1,000 1,001 - 2,000*	N/A N/A 64" diameter x 73" length 48" diameter x 128" length N/A	(in gallons) 5 7 4 6 13	Duration 36 hours 36 hours 44 hours 58 hours 36 hours	

No

No

No

No

No

No

No

No

Facility ID Number 05-02286 **Ground Water Monitoring** Date System Installed: Distance of well from tank(s) (1) _____ (2) ____ (3) ____ (4) ____ Distance of well from piping (1) _____ (2) ____ (3) ____ (4) ____ Site assessment was conducted by: _____ Location of site assessment documentation: If there are more than 4 wells, please photocopy this page and complete Please answer each question of each well the information for all additional wells. Well 4 Well 1 Well 2 Well 3 Well is clearly marked and secured to avoid unauthorized access or tampering. Well was opened and presence of water was observed in well at depth of Please answer yes or no for each question Wells are used to monitor piping. Yes Site assessment was performed prior to installation of wells. Yes Yes Documentation of monthly readings is available. Yes Specific gravity of product is less than one. Hydraulic conductivity of soil between UST system and monitoring wells is not less than 0.01 Yes cm/sec. According to: Groundwater is not more than 20 feet from ground surface. Yes Wells are sealed from the ground surface to top of filter pack. Yes Continuous monitoring device or manual bailing method used can detect the presence of at Yes least one-eighth of an inch of the product on top of groundwater in well.

Total Control		
Groundwater is monitored: (✔ one) () Manually on a monthly basis. () Automatical	ly (continuously or	monthly basis
Check the following if groundwater is monitored <u>manually</u> : Bailer used is accessible and functional.	Yes	No
Check the following if groundwater is monitored <u>automatically</u> : Monitoring box is operational.	Yes	No
Checked for presence of sensor in monitoring well.	Yes	. No
On the back of this should should be size and the all pinting time tanks (including all a pad	All hetanone stored	and logation of

wells and their distance from tanks and piping.

Comments:		
	NOT USED BUT PRESENT	
Inspector's Signature:		Date: 03/15/00

8	racinty i	Number	05-02200	3765 3,555
e Int	erstitial Monitoring			
Manufacturer and name of system:	O/C Model SB 0011C1			
Date system installed:	12-01-91			_
Materials used for secondary barrier:	FRP			
Materials used for internal lining:	FRP			
Interstitial space is monitored (✔ one): auto	matically continuously monthly basis.		100 M	
Please	answer yes or no for each question		The state of the s	414
tank in system is fitted with secondary containm	nent and interstitial monitoring.	Yes 🗸	No	N/A
System is designed to detect release from any product.	ortion of UST system that routinely contains	Yes 🗸	No	N/A
Monitoring method is documented as capable of a 95% probability of detection and a probability	detecting a leak as small as .1 gal./hr. with at least of false alarm of no more than 5%.	Yes 🗸	No	N/A
Documentation of monthly readings is available	for last 12 months.	Yes 🗸	No	N/A
Maintenance and calibration documents and recomaintenance procedures for system have been in		Yes 🗸	No	N/A
Monitoring box, if present, is operational.		Yes 🗸	No	N/A
If monitoring wells are part of leak detection sys secured to avoid unauthorized access and tampe		Yes	No	N/A ✔
Interstitial space is monitored manually on mont	hly basis (answer the following question).	Yes	No	N/A
Equipment used to take readings is accessible ar	nd functional.	Yes	No	N/A
Tank is double-walled		Yes	No	N/A
Tank is fitted with internal bladder to achieve se question).	condary containment (answer the following	Yes	No	N/A
Bladder is compatible with substance stored and substance.	will not deteriorate in the presence of that	Yes	No	N/A
Excavation is lined with impervious artificial mat following questions).	erial to achieve secondary containment (answer the	Yes	No	N/A
Secondary barrier is always above groundwater.		Yes	No	N/A
If secondary barrier is not always above grounds for use under such conditions.	water, secondary barrier and monitoring designs are	Yes	No	N/A
Secondary barrier is constructed from artificially substance < 10 ⁶ cm/sec.	constructed material, with permeability to	Yes	No	N/A
Secondary barrier is compatible with the regulat presence of that substance.	ed substances stored and will not deteriorate in	Yes	No	N/A
Secondary barrier does not interfere with operat	ion of cathodic protection system.	Yes	No	N/A

Comments:		1,000 Tank is for gen	nerator	
	2	~ · · ·)	,	
Inspector's Signature:	- (1°, 7°)	1/	201 - 1	Date: 03/15/00

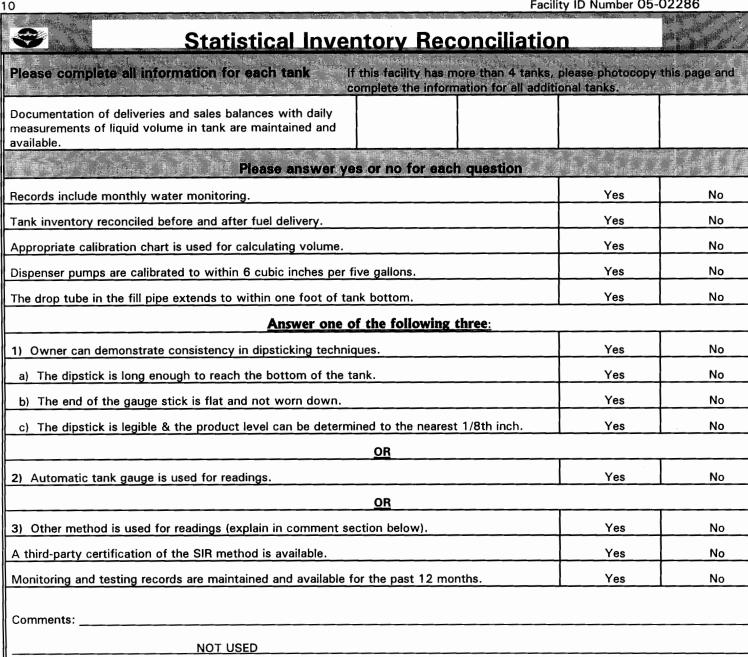
9	Facility ID No	umber 05-02286
Automatic Tank Gaug	ging	What was a second
Manufacturer, name and model number of system:		
Please answer yes or no for each o	question	
Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes	No
Device can measure height of product to nearest one-eighth of an inch.	Yes	No
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes	No
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes	No
Checked for presence of gauge in tanks.	Yes	No
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes	No
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes	No
Maintenance records are available upon request.	Yes	No
Monthly testing records are available for the past 12 months.	Yes	No
Daily monitoring records are available for the past 12 months (if applicable).	Yes	No
	The state of the s	n gap papagan na canan Na mang papagan na canan Na mang papagan na canan
	Managara San Barangan	A TOTAL CONTROL OF THE STATE OF
	A THE STREET STREET, AND THE S	in the second of
		The state of the s
Comments:		

Inspector's Signature:

Date: 03/15/00

Date: 03/15/00

Inspector's Signature:



mentering are testing	 		
Comments:			
		·	

Spill/C)verf	ill Pre	even	tion					
	Tan	k 004	Tan	k 005	Tank 006		Tank 4		
Are all tank transfers less than 25 gallons?	Yes	No ✔	Yes	No 🗸	Yes	No ✔	Yes	No	
	Spill Prev	ention							
Is there a spill bucket or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes 🗸	No	Yes 🗸	No	Yes 🗸	No	Yes	No	
Overfill Prevention									
What device is used to	prevent	tank fro	m bein	g overfill	ed?				
Ball float valve	Yes	No	Yes	No	Yes	No	Yes	No	
Butterfly valve (in fill pipe)	Yes ✔	No	Yes ✔	No	Yes ✔	No	Yes	No	
Automatic alarm monitoring is used	Yes	No	Yes	No	Yes	No	Yes	No	
Other alarm system	Yes	No	Yes	No	Yes	No	Yes	No	

Cathodic Protection										
	т	Tank 1 Tank		ank 2	Т	ank 3	т	ank 4		
Sacri	icial An	ode Syste	m e				gjile majire			
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No		
The last two test results are available. (Tests are required every three years.)	Yes	No	Yes	No	Yes	No	Yes	No		
	presse	d Current			The state			用了声 意。		
Rectifier is on 24 hours a day?	Yes	No	Yes	No	Yes	No	Yes	No		
The last two test results are available? (Tests are required every 60 days.)	Yes	No	Yes	No	Yes	No	Yes	No		
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes	No	Yes	No	Yes	No	Yes	No		
Comments: TANK IS FRP										
7, , , ,	. 1									
Inspector's Signature:	<u> </u>	1200	\ <u>\ \</u>	/ ->	Date	: 03/15/0	00			

PAGE:

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE	CABINS MAIN CNANCE le Post 186.0		Reg. Expire Date 06/04/2000	Tank ID Status Location Fuel Type Use Capacity	31-02286-004 OPERATIONAL UNDERGROUND GASOLINE FLEET 6000
Tank Materi			Product			condary Containment
DOUBLE WAL	L FIBERGL	ASS	FIBERGL	LASS	FIB	EERGLASS
Vapor Recover	ry	Leak Detecti	on Syste	ms		
0-NO VAPOR 1-STAGE 1 VAI 2-STAGE 2 VAI	1	0-MANUAL 1-INVENTOR 2-INTERSTIT	RY CONTRO	L 4-AUTO OV	TIAL PIPING ERFILL DEVICE L CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha 3974-206,359 UL No.		Abandoned Da Tightness Test		Installed Date 12/01/1991 Installer	Removed I	Date Closure Rpt Sub Date DEP Sanction Date
OL NO.		12/01/1991		DAVIS IND	Kemover	DEI Sanction Date
Comments				S0001091	Remove Po	O/Con. No.
User Notes						

PAGE:

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE		6.03	Reg. Expire Date 06/04/2000	Tank ID Status Location Fuel Type Use Capacity	31-02286-005 OPERATIONAL UNDERGROUND DIESEL FLEET 6000
Tank Materi	ial Type		Produc	et Piping	Sec	condary Containment
DOUBLE WAL		LASS	FIBERG			ERGLASS
Vapor Recover □ 0-NO VAPOR ☑ 1-STAGE 1 VAF □ 2-STAGE 2 VAF	POR	1-INVENT	Etion System L GAUGING FORY CONTRO TITIAL TANK	OL 3-INTERSTIT	TIAL PIPING ERFILL DEVICE L CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha 3974-206,359 UL No.	ll No.	Abandoned Tightness To	est Date	Installed Date 12/01/1991 Installer DAVIS IND Install PO/Con. No	Removed I Remover Remover	DEP Sanction Date
Comments				S0001091		
User Notes:						

PAGE:

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date 06/04/2000	. .	31-02286-006 OPERATIONAL UNDERGROUND KEROSENE GENERATOR 1000
Tank Mater DOUBLE WAL			oduct Piping PPER		ondary Containment ERGLASS
Vapor Recove □ 0-NO VAPOR □ 1-STAGE 1 VAI □ 2-STAGE 2 VAI	POR	0-MANUAL GAUGE 1-INVENTORY CO. 2-INTERSTITIAL TO.	SING 3-INTERS	FITIAL PIPING VERFILL DEVICE ILL CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha 3974-206,359 UL No.	all No.	Abandoned Date Tightness Test Da 12/01/1991	Installed Date 12/01/1991 te Installer DAVIS IND Install PO/Con. N	Removed D Remover O. Remove PO	DEP Sanction Date
Comments			S0001091		
User Notes	:				

PAGE: 1

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date EXEMPT	Tank ID Status Location Fuel Type Use Capacity	31-02286-001A OPERATIONAL ABOVEGROUND USED OIL USED OIL 500
Tank Mater	ial Type		uct Piping		condary Containment
STEEL		STEEL		NO	NE
Vapor Recover	ry	Leak Detection Sys	stems		
0-NO VAPOR 1-STAGE 1 VAF 2-STAGE 2 VAF		0-MANUAL GAUGING 1-INVENTORY CONT 2-INTERSTITIAL TAN	ROL 4-AUTO OV	TIAL PIPING ERFILL DEVICE L CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha N/A UL No.	ll No.	Abandoned Date Tightness Test Date	Installed Date 01/01/1988 Installer	Removed I	DEP Sanction Date
Comments			Install PO/Con. No	. Remove PO	O/Con. No.
User Notes:					

PAGE:

Pennsylvania Turnpike Commission

Facility	BURNT	CABINS	MAINT			Tank ID	31-02286-	003A
FacType	MAINTI	ENANCE		Γ.	Reg. Expire	Status	OPERATI	ONAL
District	2 M	ile Post	186.03		Date	Location	ABOVEG	ROUND
					06/04/2000			
Owner	PTC			L.		Fuel Type	HYDRAU	LIC OIL
Envir Con						Use	MAINTE	
						Capacity	500	
Tank Mater	ial Type		Prod STEE		Piping	Sec NO		ontainment
Vapor Recove	ry	Leak D	etection Sy	stem	s			
0-NO VAPOR 1-STAGE 1 VAI 2-STAGE 2 VAI		1-IN	ANUAL GAUGIN VENTORY CON TERSTITIAL TA	TROL	4-AUTO O	TITIAL PIPING VERFILL DEVICE LL CONTAINMENT	7-AUTO	LEAK DETECT(SUB PUMP) TANK GAUGING IND WATER SENSOR
Fire Marsha N/A UL No. N/A	ll No.	Abandor Tightnes	s Test Date	05 In:	stalled Date 5/01/1994 staller stall PO/Con. N	Removed Remover O. Remove Po		Closure Rpt Sub Date DEP Sanction Date
Comments								
User Notes								

PAGE:

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date EXEMPT	Tank ID Status Location Fuel Type Use Capacity	31-02286-004A OPERATIONAL ABOVEGROUND MOTOR OIL MAINTENANCE 500
Tank Mater	ial Type		uct Piping		ondary Containment
STEEL		STEE	L	NO	NE
Vapor Recover	ry	Leak Detection Sys	stems		
0-NO VAPOR 1-STAGE 1 VAI 2-STAGE 2 VAI		0-MANUAL GAUGIN I-INVENTORY CONT	FROL 4-AUTO OV	TIAL PIPING ERFILL DEVICE L CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha N/A UL No. N/A	ll No.	Abandoned Date Tightness Test Date	Installed Date 05/01/1994 Installer Install PO/Con. No.	Removed I Remover Remover Remove PO	DEP Sanction Date
Comments					37.5011.1101
User Notes:	:				

PAGE:

Pennsylvania Turnpike Commission

Facility	BURNT	CABINS MAIN	VT.		Tank ID	EXEMPT
FacType	MAINTI	ENANCE		Reg. Expire	Status	OPERATIONAL
District	2 M	ile Post 186.	03	Date	Location	ABOVEGROUND
				EXEMPT		
Owner	PTC				Fuel Type	HEATING OIL
Envir Con					Use	HEATING
					Capacity	2000
Tank Matani	ial Tama		Duodas	4 Dining	Soc	andam Cantainmant
Tank Materi	ai Type		STEEL	et Piping	NO	ondary Containment
STEEL			SIEEL		INO	NE J
Vapor Recover	ry	Leak Detect	ion Syste	ems		
0-NO VAPOR		0-MANUAL	GAUGING	3-INTERSTI	TIAL PIPING	6-LINE LEAK DETECT(SUB PUMP)
1-STAGE 1 VAL	POR	1-INVENTO	RY CONTRO	OL 4-AUTO OV	ERFILL DEVICE	7-AUTO TANK GAUGING
2-STAGE 2 VAF	POR	2-INTERSTI	TIAL TANK	5-OVER FIL	L CONTAINMENT	8-GROUND WATER SENSOR
Fire Marsha 181,069 UL No.	ll No.	Abandoned D Tightness Tes	t Date	Installed Date 01/01/1989 Installer Install PO/Con. No	Removed I Remover Remove P(DEP Sanction Date
Comments						
User Notes:						

_

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTE	CABINS MAINT CNANCE le Post 186.03	Reg. Expire Date N/A	Tank ID Status Location Fuel Type Use Capacity	EXEMPT REMOVED UNDERGROUND GASOLINE GENERATOR 55
Tank Materia	al Type	Produ STEEI	uct Piping	Sec NO	condary Containment NE
Vapor Recover 0-NO VAPOR 1-STAGE 1 VAPO 2-STAGE 2 VAPO	OR	Leak Detection System 1-INVENTORY CONT 2-INTERSTITIAL TAN	G 3-INTERSTI	TIAL PIPING ERFILL DEVICE L CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marshal N/A UL No.	l No.	Abandoned Date Tightness Test Date	Installed Date 11/21/1974 Installer Install PO/Con. No		DEP Sanction Date
Comments				S0001091	

PAGE:

Pennsylvania Turnpike Commission

Facility FacType District Owner Envir Con	MAINTI	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date N/A	Tank ID Status Location Fuel Type Use Capacity	31-02286-003 REMOVED UNDERGROUND DIESEL FLEET 6000
Tank Materi	al Type		luct Piping	Sec NO	condary Containment
STEEL		STEE	SL.	INO	NE
Vapor Recover	y	Leak Detection Sy	stems		
0-NO VAPOR 1-STAGE 1 VAP 2-STAGE 2 VAP		0-MANUAL GAUGII 1-INVENTORY CON 2-INTERSTITIAL TA	TROL 4-AUTO O	TITIAL PIPING VERFILL DEVICE LL CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marsha 181,069 UL No.	ll No.	Abandoned Date Tightness Test Date 11/08/1985	Installed Date 11/21/1974 Installer Install PO/Con. N	Removed I 12/01/1991 Remover DAVIS IND	DEP Sanction Date
Comments			Instan PO/Con. N	S0001091	O/Con. No.
User Notes:					

E. 05/10/2000

Pennsylvania Turnpike Commission

FacType MAINTH	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date N/A	Tank ID Status Location Fuel Type Use Capacity	31-02286-002 REMOVED UNDERGROUND GASOLINE FLEET 4000
Tank Material Type	Produc	ct Piping	Sec	condary Containment
STEEL	STEEL		NO	
Vapor Recovery 0-NO VAPOR 1-STAGE 1 VAPOR 2-STAGE 2 VAPOR	Leak Detection System 0-MANUAL GAUGING 1-INVENTORY CONTR 2-INTERSTITIAL TANK	3-INTERSTIT	TAL PIPING ERFILL DEVICE CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marshall No. 181,069 UL No.	Abandoned Date Tightness Test Date 11/08/1985	Installed Date 11/21/1974 Installer Install PO/Con. No.	Removed I 12/01/1991 Remover DAVIS IND	DEP Sanction Date
Comments			S0001091	
User Notes:				

IE: 03/10/200

Pennsylvania Turnpike Commission

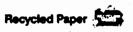
Facility FacType District Owner Envir Con	MAINTI	CABINS MAINT ENANCE ile Post 186.03	Reg. Expire Date N/A	Tank ID Status Location Fuel Type Use Capacity	31-02286-001 REMOVED UNDERGROUND HEATING OIL HEATING 2000
Tank Materia	al Type	Prod STEE	luct Piping	Sec NO	ondary Containment NE
Vapor Recover 0-NO VAPOR 1-STAGE 1 VAPO 2-STAGE 2 VAPO	OR	Leak Detection Sy 0-MANUAL GAUGII 1-INVENTORY CON 2-INTERSTITIAL TA	NG 3-INTERST	TITIAL PIPING VERFILL DEVICE LL CONTAINMENT	6-LINE LEAK DETECT(SUB PUMP) 7-AUTO TANK GAUGING 8-GROUND WATER SENSOR
Fire Marshal 181069 UL No.	l No.	Abandoned Date Tightness Test Date 11/08/1985	Installed Date 11/21/1974 Installer Install PO/Con. N	Removed I 12/01/1991 Remover DAVIS IND 6. Remove PC S0001091	DEP Sanction Date
User Notes:				[30001091	

	٠.,						. (2	3	
Rev. 2-16-96	•	STORAGE TAN	IKS REVIEW	/ ROUTING S	HEET		•	PAGE	or_c
FACILITY ID NO.	REVIEW DATE	REVIEW STAFF	DE STAFF	DE ENTRIES DATE	QUAL STAF		WALCK DATE	QUALITY CHECK	
31-0738(0 5-6-96	DF	o sign	5/7/96	KC	10	5-10-90	Return to	
Add Now Change	Comment Out		Own	MER SCREEN		Brus Yal	30. 10 A	DONE	
Owner ID #	SSN/Tax II)∲ı					Phone:		
Correct:	Name:		•				County:		
Transfer (Inv)	Mailing:						Munic.:		
New Owner ID #	Address:						Туре:		
Transfer Effective Date	City:			State:		Zip:			
Address		(.0),150 ([81 - 2]),23 (*)	, PAG	LITY SCREEN				DONE	
Name:				· · · · · · · · · · · · · · · · · · ·	Phon	e :	··· ··· ··· ··· ··· ··· ··· ··· ··· ··	· · · · · · · · · · · · · · · · · · ·	
site: SR 3	Box 5	77	· · · · · · · · · · · · · · · · · · ·		Coun	County:			
Address:					Туре				
City:		Zip:			Sign	Date	<u> 3-20 - 9</u>	96	
Add New Change	Colors		CONT	ACT SCREEN				DONE	
Name: Qam	es 9	Oden (PM		City:				
Company Name:	7				State	:			
Mailing: PA J	unpike	Commus	sion		Zip:		1106		
Address: PO	Box 6	7676		····	Phon	•: 717	- 939	-9551	
Deginning Salance NEVV		OLD	FEE SCHEED	- Manual en	TRIES				
TRAN AMOUNT	MVOICE #	TANK# YEAR	CHEC	K# CI	REDIT #		COMM	IENTS	
								· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·			
Account Balance After M	Es NEW:		OLD:			(0)		·····	l

Rev. 2-1	5-96				(STORAG	TANKS	REVIEW /	ROUT	ING SH	EET		•	•	PAGE 2	*2	
	FACILITY ID NO	•		REVIEW DATE		REVIEW STAFF	s	DE TAFF	DE ENTI	- 11	QUAL C		QUAL CK DATE				
31-02286 5-6-96				76	DF	(C)	2/	5/1/9	16				^	rturn to DE Sup rturn to Review	V ref		
100			,			TANK SCR	EEN Ø1						TANK SCR		TANK#3		
Seq. #	Tank #	Add New	Change	Add Status	Over- Write Status			Comm	ents				Add Component(s)	Add Exemption	Client #	Done V	/
MICO	28159		X			Dnot	all c	date	1	-1-	88			ı		V	
	130326		×			99		raulie	J (عز						V	
004	110685		×			Onote	ill d			-1-9	7/					V	
005	110686		×			Insta	ee da	te	12-1	-91				·		V	
<u> </u>	110687		×			Inota		ace	12	-1 - 9			·				
															·		
7	ANK	Ter	± 0	C,T,A	-	ow Facility #	New Seq #	Effective Date	Dene V	To		C,T,A	New Fadility #	Now log #	Effective Date	Dane V	
	NSFER/ QUENCE																
C - Corre	rt			ļ													
T - Transi R - Reseq					-	·								 			
					-		ļ									 	
Bad Facil Delete Ta					1	1	l		لـــــــــــــــــــــــــــــــــــــ	<u> </u>		1.	elete Ower-	1	<u></u>		
	11.0(2)												elete Owner elete Facility				
<i></i>													ere recitty		CONT.		



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WATER QUALITY MANAGEMENT



RECEIVED)

	The same of the sa					
REGISTRATION OF STORAC In accordance with Sections 303 and 503 of the Storage Tank and Spill Pro storage tanks are required to register their tanks with the Department a	evention Act, owners of regulated nd pay the required fees.					
*** PLEASE READ ALL INSTRUCTIONS THOROUGHLY BEFO	ORE COMPLETING THE FORM 39 MAR 23 AM 11.00					
I. PURPOSE OF SUBMITTAL (Please Ch	eck Those That Apply) STORAGE TANK PROGRAM					
	GE OF OWNERSHIP					
,	Sold / Purchased All Tanks Will Remain at Same Facility					
	Some Tanks Will Remain at Same Facility					
Unregistered Tank(s)	Some Tanks Relocated to Another					
Registration for Un-Relocated Tank(s)	Regulated Facility STATE USE ONLY					
Registered Tank(s) (Same Owner-Different Facility) Closed in Place	Some Tanks Relocated to a New Facility and the Tanks are to Be Registered DO NOT WRITE IN THIS SPACE					
	MATION (Please Type or Print Legibly)					
A. DER CLIENT ID NO. (STATE USE ONLY) 6252						
Leave as is in system Federal Tax ID No.,	B. CHANGE OF OWNERSHIP (Complete - Only if some or all tanks have been sold or purchased.)					
EIN (or SS) No. 23730309 K	Date of Sale/Purchase					
	Sold To					
Owner Name PA Turnpike Commission	(New Owner Name)					
Address P.O. Box 67676	(New Address)					
City Harrisburg State PA Zip 17106						
County Dauphin Municipality Lux Swatara	Purchased From					
Phone No. (717) 939 . 9551 Twp	(Old Owner Name)					
Type of Owner/Business (Check Only One)	(Old Address)					
✓ Vol. Fire Co./EMS Org. ☐ Corporate						
Federal Government Private (Business)	(Old Facility ID No.)					
State Government	(Old Tank No.(s))					
Local Government						
III. FACILITY INFORMATION	ON (Please Type or Print Legibly)					
A. DER FACILITY ID NO. 31-02286	B. CONTACT (Optional) (Complete - Only if mail is to be sent to someone other than the					
Facility Name BURNT CABINS MNTCE	owner or if mail is to be sent to a specific person or department					
Location (PO Box NOT acceptable) (RR Box IS acceptable)	within a company.)					
STAR ROUTE 3 - BOX 522	Send all mail to Facility address noted to the left.					
City SHADE GAP State PA Zip 17255	☑ Send all mail to Contact address noted below:					
County HUNTING DON Municipality Dublin Twp						
Phone No. (717) 349. 2610	Name James J. Eden, CFM					
Type of Facility (Check Only One) O Unknown 10 Federal, Military	Title Facilities Manager					
☐ 00 Unknown ☐ 10 Federal, Military ☐ 01 Gas Station ☐ 11 Commercial	Mailing Address PA Turopike Commission					
02 Petroleum Distr 12 Industrial	PO Box 67676					
☐ 03 Air Taxi ☐ 13 Residential						
☐ 04 Aircraft Owner ☐ 14 Contractor	City Haccisburg State PA Zip 17106					
☐ 05 Auto Dealership ☐ 15 Trucking/Transport	Phone No. (717) 939 - 9551					
☐ 06 Railroad ☐ 16 Utilities						
07 Local Govt 17 Farm						
08 State Govt 99 Other SPECIFY						

E R	-8	w	o	-1	4:	: 7	19	3
-----	----	---	---	----	----	-----	----	---

DER Facility ID No.

31.02286

Facility Name BURNT CABINS MNTC

IV. DESCRIPTION OF STORAGE TANKS (Please type or print legibly each regulated storage tank at this facility under your ownership.)

A. ABOVEGROUND TANKS List ALL tanks. If amending information, mark the Amended Tank(s) with an asterisk (*) to the left of the tank number.

	3	lackall.	Remove		Substance	CERCLA Name		Tank Exempt		
Tank Number	-4705	Date Date	Date	Capacity (Gallons)	Code (Currently or Last Stared)	and CAS No. (# Hazardous Substance)	Substance Name (If Other or Mixture)	√H Yes	Ref. Code	
001 A	E	1/1/88		500	G	Used motor oil				
	E	5/1/94		500	7	Hydraulic oil				
004A	E	5/1/94		500	F	New motor oil		\checkmark		
A										
A										
A										
A										
Α		,								
Α										
A										
Α						•				
A						·				

Status Codes:

C - Currently in Use;

<u>T</u> - Temporarily Out of Use;

R - Removed or Closed in Place

E-In use and exempt from registration B. UNDERGROUND TANKS List ALL tanks. If amending information, mark the Amended Tank(s) with an asterisk (*) to the left of the tank

		_	n	umber.				1	
Tank Number			Remove Date (Ma -Day-Yr)	Capacity (Gallons)	Substance Code (Currenty or Last Stored)	CERCLA Name and CAS No. (If Hazardous Substance)	Substance Name (If Other or Mixture)	Tank √ If Yes	Ref. Code
004	C	16/1/21		6000	Α	Gasoline.		V	
		19/1/91		600	B	Diesel		V	
					Ω	Kerosene			
						·			
				<u></u>					
						•			
					4.				
						,	,		

Status Codes:

C - Currently in Use;

T - Temporarily Out of Use;

R - Removed or Closed in Place

V. CERTIFICATION (Read and Sign after completing all appropriate sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act, with any regulations and orders issued pursuant to this Act, and with the requirements for obtaining a permit required under this Act.

Please be advised that signature by an individual on this document indicates that he/she owns the subject storage tank and, in effect, represents to the Department that the individual owns the storage tank and is aware of those responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act and its regulations. Please be further advised that this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Official Title of Owner Commission Rep. **Date Signed** Eden/Facilities Mar.

Detach and return this page to the Division of Storage Tanks